6. Adequate Capacity

When establishing and maintaining the network, the MCO must consider:

a. Its anticipated Medicaid enrollment.

b. The expected utilization of services, as well as the characteristics and health care needs of specific Medicaid populations enrolled in the MCO.

c. The numbers and types (in terms of training, experience, and specialization) of providers required to furnish the contracted Medicaid services.

d. The numbers of network providers who/that are not accepting new Medicaid patients.

e. The geographic location of providers and members, considering distance, travel time, the mode of transportation ordinarily used by members, and whether the location provides physical access for members with disabilities.

f. Members with special health care needs, including individuals with disabilities. The MCO should identify providers with experience and competency providing primary and other specialty care services to individuals with adult-onset and developmental disabilities.

7. Patient-Centeredness/Patient-Centered Medical Homes

a. The MCO must promote and facilitate the capacity of its providers to provide patient-centered care by using systematic, patient-centered medical home (PCMH) management processes and health information technology to deliver improved quality of care, health outcomes, and patient compliance and satisfaction. Patients must be active participants in their own health and well-being; they must be cared for by a physician who leads a medical team that coordinates all aspects of the preventive, acute, and chronic needs of members, using the best available evidence and appropriate technology. The MCO's implementation of PCMHs must be inclusive of pediatric practices. Minimum standards for Patient Centered Medical Homes are listed in Attachment 4 – Patient-Centered Medical Home Standards.

b. Requirements of a PCMH include:

i. Providing comprehensive, coordinated health care for members and consistent, ongoing contact with members throughout their interactions with the health care system, including but not limited to, electronic contacts and ongoing care coordination and health maintenance tracking.

ii. Providing primary health care services for members and appropriate referral to other health care professionals or health professionals with structured follow-up.

iii. Planning and coordinating activities to prevent illness and disease.

iv. Encouraging active participation by a member and his/her family, guardian, or authorized representative, when appropriate, in health care decision-making and care plan development.

v. Facilitating the partnership between members, their PCP, and when appropriate, the member's family.

vi. Encouraging the use of specialty care services and supports.

vii. Providing enhanced access to care outside normal business hours of operation.

viii. Facilitating open scheduling and same-day appointments where possible.

c. The MCO must strive to improve the ability of its behavioral health provider network to meet all the health needs of members through strengthened collaboration with PCPs, service providers, inpatient hospital providers, and consumer/peer providers.

d. The MCO must manage its behavioral health provider network to integrate with other programs and services members receive to promote their recovery, empowerment, and the use of their and their families' strengths, when appropriate, to achieve members' clinical goals and health outcomes. The MCO must work with its providers to coordinate with the following formal and informal resources and programs:

i. Rehabilitation programs that promote and provide skill-building, community support, supported employment and full competitive employment for members.

ii. Recovery support services.

iii. Natural community supports for members and their families.

iv. Anonymous recovery programs (e.g., 12-step programs) for members and their families.

e. The MCO must describe in its response to the RFP, and provide a final PCMH Implementation Plan within 90 calendar days of the date of this contract that also describes, its methodology for promoting patient centeredness/PCMHs within its provider network. The plan should include, but not be limited to:

i. Provision of technology assistance to assist providers in the implementation of patient centeredness, including, but not limited to, electronic health record funding.

ii. Any payment methodology, such as incentive payments, to PCPs to support this transformation.

iii. Provision of technical assistance to assist the PCP's transformation to PCMH recognition (including education, training tools, and data relevant to member clinical care management).

iv. Facilitation of specialty provider network access and coordination to support patient centeredness.

v. Efforts to increase and support the provision of appropriate basic behavioral services in the primary care setting, as well as coordination of services with specialty behavioral health providers and other community services.

vi. Facilitation of data interchange among PCPs, specialists, laboratories, pharmacies, and other appropriate providers.

vii. A methodology for evaluating the level of provider participation and the health outcomes achieved. MLTC will work with the MCOs to develop a common evaluation methodology. The findings from these evaluations shall be included in the MCO's annual quality evaluation report.

8. Pharmacy Network

a. The MCO must accept into its network any pharmacy or pharmacist participating in the Medicaid program provided the pharmacy or pharmacist is licensed and in good standing with MLTC and accepts the terms and conditions of the contract offered to them by the MCO.

b. The MCO or its contracted PBM must obtain active agreement from a participating pharmacy provider prior to the start of services under this contract for that pharmacist to be considered a network provider, even if that pharmacy has an existing relationship for non-Medicaid services with that MCO or its PBM. The pharmacy provider must agree to the terms of the MCO's PBM contract addendum for the Nebraska Medicaid program.

c. The MCO may contract with specialty pharmacies to the extent the MCO determines is necessary to ensure the adequate availability of specialty drugs. The MCO may limit distribution of specialty drugs to a network of pharmacies that meet reasonable requirements to distribute specialty drugs. The MCO may not exclude a Nebraska pharmacy from participation in its specialty pharmacy network as long as the pharmacy is willing to accept the terms of the MCO's agreement with its specialty pharmacies. If the MCO maintains a list of designated specialty drugs, the MCO must submit it to MLTC for review and written approval a minimum of 45